



CITY OF COLORADO SPRINGS
FIRE BOARD OF APPEALS MEETING AGENDA
PIKES PEAK REGIONAL BUILDING DEPARTMENT
2880 INTERNATIONAL CIRCLE
November 9, 2018 – 8:30 A.M. to 10:00 A.M.

CALL TO ORDER

ADMINISTRATIVE

1. Review Previous Meeting's Minutes

October 12, 2018's Fire Board of Appeals Meeting Minutes

2. Contractor Licensing

A. Fire Alarm Contractor (FAC) A

- i. Business Name: Integrity Fire Safety Services, LLC
Principal Officers: Samuel Young, Chief Operating Officer
Matthew Miller, Chief Financial Officer
Licensee: Samuel S. Young
RME: Samuel S. Young
- ii. Business Name: Paxica Security Group, LLC
Principal Officers: Todd Benson, Chief Executive Officer/President
Vanessa Benson, Vice President
Licensee: Kennedy W. Steven
RME: Kennedy W. Steven
- iii. Business Name: Security Signal Devices, Inc.
Principal Officers: John Affeld, Chief Executive Officer/President
Sheila Affeld, Senior Vice President
Licensee: Thomas M. McKeon
RME: Pete W. Van Dyk

B. Fire Suppression Contractor (FSC) A

- i. Business Name: Elevation Fire Protection LLC
Owners: Nic Qyinales
Zach Miller
Licensee: Nic A. Quinones
RME: Howard T. Hansen

ADJOURN

Respectfully submitted,

Brett T. Lacey, Fire Marshal
Secretary to Fire Board of Appeals

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date 10-29-18

Initial RS

Receipt # 1551813

RBD #

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☒ FAC-A

☐ FAC-B

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC

Business Name: Integrity Fire Safety Services, LLC

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: [REDACTED]

Business Address: 999 18th Street Suite 3000

Street Address

Apartment/Unit #

Denver, CO 80202

City

State

ZIP Code

Business Phone: 3035571820

Business Email: _____

Business Fax: 303-265-9132

Business Website: https://integrityfiresafetyservices.com

Company's Principal Officers, Partners, or Owners

Name: Samuel Young

Title: COO

Name: Matthew Miller

Title: CFO

1. Number of years company has operated as a contractor? (If new, write "new") 1

2. Type of work performed? (Check one or both, if applicable)

☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction- License type and number

Aurora Fire Alarm Systems Contractor 2018 144184

Lakewood Contractor 22746

Denver Access Control 247994

Greenwood Village Contractor A OL-19-04233

Denver Electrical Signal (Alarm) 247993

CO Div of Fire Prevention and Control Contractor

Thornton Contractor: Class D Fire Systems LG

CO Div of Fire Prevention and Control Contractor

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: 1001 17th St
Type of work (check one) ☐ Residential ☒ Commercial
Cost: 253,000 Date: 2018-2019 Your position: CFO
Describe Job in detail: complete head-end retrofit

2. Project Street Address: _____
Type of work (check one) ☐ Residential ☒ Commercial
Cost: 133,000 Date: 2018-2019 Your position: CFO
Describe Job in detail: smoke control upgrade

3. Project Street Address: 1290 Broadway
Type of work (check one) ☐ Residential ☒ Commercial
Cost: 102,000 Date: 2018-2019 Your position: CFO
Describe Job in detail: complete head-end retrofit

4. Project Street Address: 1200 17th St
Type of work (check one) ☐ Residential ☒ Commercial
Cost: 650,000 Date: 2018 Your position: CFO
Describe Job in detail: 5 floor comprehensive tenant finish

5. Project Street Address: 7320 N Broadway
Type of work (check one) ☐ Residential ☒ Commercial
Cost: 29,000 Date: 03/18-05/18 Your position: CFO
Describe Job in detail: fire alarm upgrade

CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Matthew Miller
Signature: Matthew Miller Date: 10/16/18

Licensee Information

Legal Name: Young Samuel S
Last First M.I.

Date of Birth: 11/18/1975 Social Security Number: [REDACTED]

Address: 25833 Centennial Trail
Street Address Apartment/Unit #

Golden, CO 80401
City State ZIP Code

Phone: 303-681-7445 Fax: _____ Email: Sam.Young@integrityfires

1. What is your area of expertise in the industry? Fire Alarm Systems
2. How long have you worked in the industry? 17 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Partner
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
143594	IV	12/1/2019
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
Fire Alarm Services	Lead Installer	2005	2001
Metro State Fire	Field Operations Manager	2018	2005
Integrity Fire	Chief Operations Officer	Present	2018

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Sam Young / Chief Operations Officer

Signature of (Licensee):  Date: 10/21/18

Responsible Managing Employee (RME) Information

Legal Name: Young Samuel S
Last First M.I.

Date of Birth: 11/18/1975 Social Security Number: [REDACTED]

Address: 25833 Centennial Trail
Street Address Apartment/Unit #

Golden, CO 80401
City State ZIP Code

Phone: 303-681-7445 Fax: _____ Email: sam.young@integrityfires.com

1. What is your area of expertise in the industry? Fire Alarm Systems

2. How long have you worked in the industry? 17 years

3. What is your affiliation with the company? (Owner, partner, employee, etc.) Partner

4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____

5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
143594	IV	12/1/2019
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
Fire Alarm Services	Lead Installer	2005	2001
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Integrity Fire	Chief Operations Officer	Present	2018

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Sam Young / Chief Operations Officer

Signature of (RME):  Date: 10/21/18

Colorado ★
Driver License





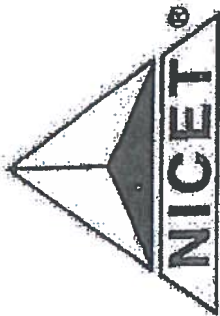
303.557.1820
999 18th St. Suite 3000
Denver, CO 80202
Integral to your *Safety*. Because it *Matters*.

To: Pikes Peak Regional Building Department

I, Samuel Young, verify that I am a full-time employee of Integrity Fire Safety Services, LLC. I currently hold the role of COO (Chief Operating Officer) and have been employed with the company since February of 2018. I currently oversee all fire alarm related activities within the company including, but not limited to: tenant finish, new install, and inspections. Please let this letter stand as confirmation of my full-time employment.

Thank you for your time,
Samuel Young

A handwritten signature in black ink, appearing to read "Sam Young", is written below the typed name.



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Sam S. Young

IS HEREBY AWARDED CERTIFICATION AT

LEVEL IV

IN FIRE PROTECTION ENGINEERING TECHNOLOGY
FIRE ALARM SYSTEMS

BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.

Certification Valid through December 1, 2019

CERTIFICATION NUMBER

Handwritten signature: R. S. Young

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

INSTITUTE FOR
Sponsored by the
ing Street, Al
ER-15-NICE
www.nicet



Public Works
Building Division
15151 E. Alameda Pky
Aurora, CO 80012
303-739-7420

1279467

CONTRACTOR LICENSE

Date of Issue: 04/13/2018

Date of Expiration: 05/01/2019

License Number: 2018 [REDACTED]

Contractor Name: INTEGRITY FIRE SAFETY SERVICES LLC

Type of License: Fire Alarm Systems Contractor



Permits Online User

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division **Chapter 22 Building and Building Regulations, Article III Contractors Division 22-61 through 22-102** for contractor and supervisor licensee responsibilities.

INTEGRITY FIRE SAFETY SERVICES LLC
PO BOX 2207
DENVER CO 80201

Cut along perforated line

Wallet	Duplicate
 Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420 Valid through: 05/01/2019	 Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420 Valid through: 05/01/2019
Contractor: INTEGRITY FIRE SAFETY SERVICES LLC	Contractor: INTEGRITY FIRE SAFETY SERVICES LLC
Type of License: Fire Alarm Systems Contractor	Type of License: Fire Alarm Systems Contractor
License #: 2018 [REDACTED]	License #: [REDACTED]
A signed license by license official should be maintained in your files.	A signed license by license official should be maintained in your files.

City and County of Denver
Community Planning and Development
www.denvergov.org/contractor_licensing

License/Registration Number: LIC00247848
Expiration Date: 02/28/2021
License Type: Fire Pro A

Issued To:

By Authority of the Executive Director of
Community Planning and Development

INTEGRITY FIRE SAFETY SERVICES
LLC
PO BOX 2207
DENVER, CO 80201

Amount	Fund/Orig/Revenue Code	Payment Date	Trans #	Status
\$250.00	R355600-01010-0141200	02/05/2018	4037858	Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on file.
Renewal information is available at www.denvergov.org/Contractor_Licensing

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:


- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System: 720-885-2501

Inspections are performed Monday through Friday

Wear Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES

Out on Justice of the Peace lot at all

City and County of Denver		City and County of Denver	
IDENTIFICATION CARD		Community Planning and Development	
		201 W COLFAX AVE DEPT 205	
		DENVER, COLORADO 80202	
License/Registration No.: LIC00247848			
This is to certify that INTEGRITY FIRE SAFETY SERVICES LLC has been issued a Fire Pro A license in the City and County of Denver, beginning on 03 February 2018 and ending on 28 Feb 2021, unless license is revoked.			
By Authority of the Executive Director of Community Planning and Development		 License & Certificates: 720.885.2770 Permit Guidance: 720.885.2705 Inspection Administration: 720.885.2505 Automated Inspection Request: 720.885.2501	



CONTRACTOR'S LICENSE

City of Thornton
9500 Civic Center Drive
Thornton, CO 80229
303-538-7250

Contractor Number: LCC201800456

This is to certify that: Integrity Fire Safety Services LLC

PO Box 2207

Denver, CO 80201

Has been issued the following license(s):

<u>Issuance Type</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Expiration Date</u>
Class D Fire Systems	FIR20180 [REDACTED]	05/25/2018	05/25/2019



Chief Building Official

Signature of Licensee



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Allied Insurance Managers Inc. 1055 South Blvd. East Suite #110 Rochester Hills MI 48307		CONTACT NAME: Vicky Karakula PHONE (A/C, No. Ext): (248) 853-0930 FAX (A/C, No.): (248) 853-1512 E-MAIL ADDRESS:	
INSURED Integrity Fire Safety Services, LLC PO Box 2207 Denver CO 80201		INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds of London INSURER B: Cincinnati Insurance Company INSURER C: Accident Fund Company INSURER D: Scottsdale INSURER E: INSURER F:	
		NAIC # 10677 10166 41297	

COVERAGES

CERTIFICATE NUMBER: 18/19 (2) Revised

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		SPG018057	1/11/2018	1/11/2019	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
	<input checked="" type="checkbox"/> Incl Blkt AI, PNC, WOS	MED EXP (Any one person)				\$ 5,000	
		PERSONAL & ADV INJURY				\$ 1,000,000	
		GENERAL AGGREGATE				\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMPOP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	OTHER:						
B	AUTOMOBILE LIABILITY		ENP0477623	2/23/2018	2/23/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> BIkt AI, PNC				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> BIkt WOS						\$
A	UMBRELLA LIAB		SPX018057	1/11/2018	1/11/2019	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 4,000,000
	DED <input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCV6159071	1/22/2018	1/22/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional Liability		SPG018057	1/11/2018	1/11/2019	\$1,000,000 Each Occurrence	1,000,000 Agg
D	Excess Liability		XL50104280	3/19/2018	1/11/2019	\$1,000,000 Each Occurrence	1,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Pike Peak Regional Building Department
2880 International Circle
Colorado Springs, CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jayson Bass/VLK

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PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☒ FAC-A ☐ FAC-B

RBD USE ONLY

Date 10-11-18

Initial RS

Receipt # 1546741

RBD #

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC

Business Name: Paxica Security Group LLC

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: [REDACTED]

Business Address: 3745 Mingo Rd suite 501

<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>Apartment/Unit #</small>	<small>ZIP Code</small>
	Denton	TX		76208

Business Phone: 844-472-9422 Business Email: todd@paxicasecuritygroup.com

Business Fax: 844-695-2722 Business Website: www.paxicasecuritygroup.com

Company's Principal Officers, Partners, or Owners

Name: Todd Benson Title: CEO/President

Name: Vanessa Benson Title: Vice President

1. Number of years company has operated as a contractor? (If new, write "new") 6
2. Type of work performed? (Check one or both, if applicable) ☐ Residential ☒ Commercial
3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____
4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____
5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____
6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Licenses held by the Company

Jurisdiction - License type and number	Jurisdiction - License type and number
B20472 Security License in TX	
ACR 2067584 Fire licens in TX	

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: HMS 5615 High Point Dr Irving Tx 75038

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 500K Date: _____ Your position: Contractor

Describe Job in detail: Camera's Fire Alarm system, Access control

2. Project Street Address: Melody Living 7600 Sandy Rock Point Colorado Springs Co 8024

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 200k Date: 09/30/2018 Your position: Subcontractor

Describe Job in detail: Phone & Data, Lock's Camera's and AV

3. Project Street Address: Legacy Long Meadow

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 200k Date: 08/30/2018 Your position: Subcontractor

Describe Job in detail: Phone and Data, Camera's, Access control, Monitor Elevator and Fire system

4. Project Street Address: Pam Rehabilitation of Corpus Christi

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 200k Date: 5/16/2018 Your position: Subcontractor

Describe Job in detail: Phone & Data, TV install, Camera's, Access system,

5. Project Street Address: Village of Windcrest

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 70K Date: Job still in progress Your position: Subcontractor

Describe Job in detail: Fire alarm installation

CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Todd Benson CEO/President

Signature: _____ Date: 9/12/2018

Licensee Information

Legal Name: Kennedy Steven W.
Last First MI
 Date of Birth: 04 April 1971 Social Security Number: [REDACTED]
 Address: 850 VZCR 2306
Street Address Apartment/Unit #
Canton TX 75103
City State ZIP Code
 Phone: 903-603-3929 Fax: _____ Email: _____

1. What is your area of expertise in the industry? Fire alarm design, install, inspection and service
2. How long have you worked in the industry? 23years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
4. Have you ever been convicted of a misdemeanor or felony? ☒ Yes ☐ No If yes, Explain (M) traffic/wildlife
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

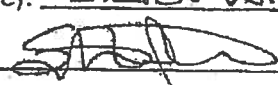
Certifications

NICET #	NICET Level	Expires
134615	III-Fire Alarm Systems	7/1/2021
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
Paxica Fire Protection Gr	Operations Manager	Present	9/2018
Automatic Sprinkler of Te	Sr Field Rep	8/2018	2/2012
Great Southwestern Fire	Chief Estimator/Project M	10/2011	4/2005

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): STEVEN W. KENNEDY, ET (PME)
 Signature of (Licensee):  Date: 9/12/18

Responsible Managing Employee (RME) Information

Legal Name: Kennedy Steven W.
Last First M.I.

Date of Birth: 04 April 1971 Social Security Number: [REDACTED]

Address: 850 VZCR2306
Street Address Apartment/Unit #
Canton TX 75103
City State ZIP Code

Phone: 903-603-3929 Fax: _____ Email: Steven@paxlcafire.com

1. What is your area of expertise in the industry? Fire alarm design, install, inspect & service
2. How long have you worked in the industry? 23years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
4. Have you ever been convicted of a misdemeanor or felony? ☒ Yes ☐ No If yes, Explain (M) traffic/wildlife
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

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Certifications

NICET #	NICET Level	Expires
134615	III-Fire Alarm Systems	7/01/2021
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

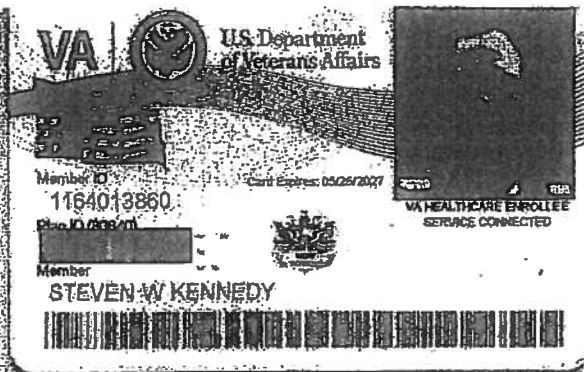
Work History

Company	Position	To	From
Paxica Fire Protection Gr	Operations Manager	Present	9/2018
Automatic Sprinkler of Te	Sr Field Rep	8/2018	2/2012
Great Southwestern Fire	Chelf Estimator/Project M	10/2011	4/2005

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): STEVEN W. KENNEDY, ET (RME)

Signature of (RME):  Date: 9/12/18



Registered Location(s):

181 Las Colinas Trl

Cross Roads TX 76227

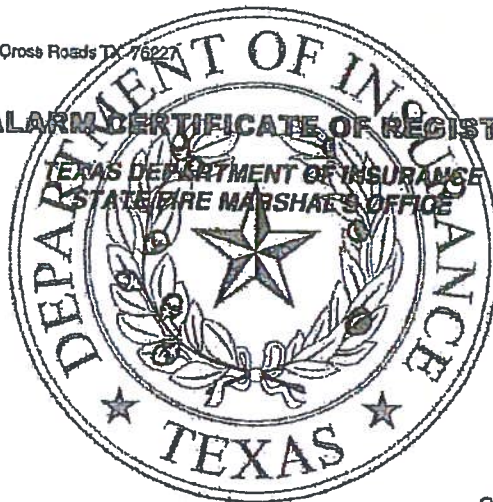
Registration Number

ACR-2067584

Expiration Date: 02-16-2019

EFFECTIVE DATE: 02-16-2016

FIRE ALARM CERTIFICATE OF REGISTRATION



Issued To:

Paxica Security Group LLC

DATE ISSUED: January 10, 2017

Chris Cornealy

Chris Cornealy, State Fire Marshal

SF081J0116

To receive news and updates from the SFMO concerning Fire Industry Licensing, sign up for the SFMO Licensing eNews Update at <http://www.tdi.texas.gov/alert/esfmlicensing.html>

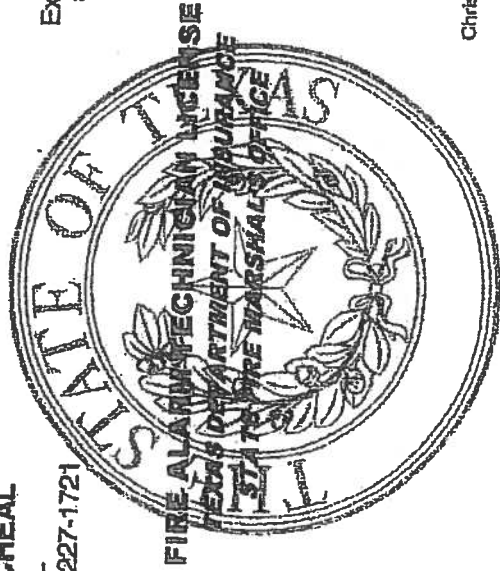


Paxica Security Group LLC
181 Las Colinas Trl
Cross Roads TX 76227

Issued To:

BENSON, TODD MICHEAL
181 LAS COLINAS TRL
CROSSROADS TX 76227-1721

License Number
FAL-6184
Expiration Date: **10-16-2019**
EFFECTIVE DATE 10-16-2002



DATE ISSUED: September 14, 2017

Chris Connealy
Chris Connealy, State Fire Marshal

SF051 Rev.1709



Texas Department of Public Safety
Certificate of Licensure

The Private Security Board Certifies that:

PAXICA SECURITY GROUP LLC

B20472

Is Duty Licensed as
Security Contractor
Electronic Access Company
Alarm Company

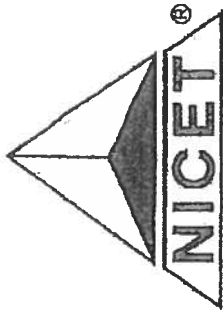


Steven C. McCreary

Director, Department of Public Safety

EXPIRES: 01/31/2019

This certificate affirms the above stated company is licensed pursuant to Texas Occupations code 1702. The license will expire on date stated above.
Texas Department of Public Safety, Regulatory Services Division, 5806 Guadalupe Street, Austin, Texas 78752.
<http://www.dps.texas.gov>



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Steven W. Kennedy

IS HEREBY AWARDED CERTIFICATION AT

LEVEL III

IN FIRE PROTECTION ENGINEERING TECHNOLOGY
FIRE ALARM SYSTEMS

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through July 1, 2021

CERTIFICATION NUMBER 134615

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



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Steven W. Kennedy
FIRE ALARM SYSTEMS/III

CERT NO. [REDACTED] VALID THRU 07/01/2021

CERT NO. [REDACTED] VALID THRU 07/01/2021

NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®
Steven W. Kennedy
FIRE ALARM SYSTEMS/III



Issued To:

Kennedy, Steven Wayne
850 COUNTY ROAD 2306
CANTON TX 75103

License Number

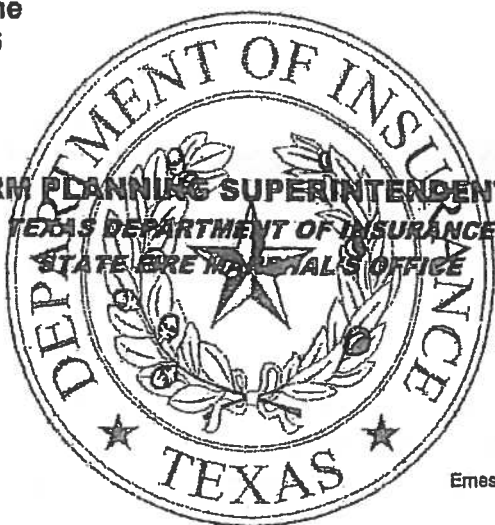
APS- [REDACTED]

Expiration Date: 05-21-2020

EFFECTIVE DATE: 05-21-2013

FIRE ALARM PLANNING SUPERINTENDENT LICENSE

TEXAS DEPARTMENT OF INSURANCE
STATE FIRE MARSHAL'S OFFICE



DATE ISSUED: August 27, 2018

Ernest McCloud
Ernest McCloud, Assistant State Fire Marshal

SF081|0116

To receive news and updates from the SFMO concerning Fire Industry Licensing, sign up for the SFMO Licensing eNews Update at <http://www.tdi.texas.gov/alert/esfmlicensing.html>

TEXAS DEPARTMENT OF INSURANCE
STATE FIRE MARSHAL'S OFFICE

Kennedy, Steven Wayne

License No: APS-1829625

FIRE ALARM PLANNING

Expires: 05-21-2020 D.O.B: 04-04-1971

Signature Of License/Permit Holder

EFFECTIVE DATE: 05-21-2013

Ernest McCloud
ASSISTANT STATE FIRE
MARSHAL

Kennedy, Steven Wayne
850 COUNTY ROAD 2306
CANTON TX 75103

Steven W. Kennedy

850 VZCR 2306
Canton, TX 75103

(903) 603-0955
gask.gk@gmail.com

Experience

2015-2018 Fire System Designs LLC Canton, TX

Fire Alarm Designer

- Engineering code compliant fire alarm systems for submittal to local authority having jurisdiction.
- Coordinate between client, customer and AHJ for a seamless transition to install and approval.
- Compiling and calculating voltage drop and battery calculations to ensure proper operation.
- Research and determine proper IFC, NFPA and other applicable codes and amendments.

2012-2018 Automatic Sprinkler of Texas Duncanville, TX

Senior Inspections and Service, Sales

- Conducted periodic inspections on fire alarm systems for industrial plants and others in 3 states.
- Lead teams of inspectors conducting inspections at schools in large ISD.
- Main contact and coordination for customer support.
- Design and engineered fire alarm systems for submittal.
- Senior service technician able to troubleshoot and train junior personnel.

2005-2011 Great Southwestern Fire and Safety Dallas, TX

Project Manager / Sales

- \$2.5 million in sales for 2010
- Estimated and proposed jobs up to \$1M.
- Responsible for code compliant installations.
- Manage daily operations, client and vendor interface. Meeting client and company deadlines and requirements.
- Program, design and network life safety systems, graphic interfaces, and PC's. Provide technical support for customers and field technicians.
- Integrate audio, video and graphics.
- Maintain records of installations, cost analysis, budgeting.

2003-2007 Mobile Television Broadcasting Dallas, TX

Freelance

- Broadcast Engineering E2- Responsible for system integrity and operation. Assisted with troubleshooting BTS hard cameras, Sony and Panasonic handhelds, CCU's, Digicart, monitor repairs, patching shows. Worked under supervision of Don Wilson, Larry Moore, Terry McIntyre, for Sol-Jay Productions.



PAXICA SECURITY GROUP


September 12, 2018

Pikes Peak Regional Building Department,
2880 International Circle
Colorado Springs, CO 80910

To whom it may concern,

We are writing the Pikes Peak Regional Building Department, to inform them that Steven W. Kennedy is a full-time employee of Paxica Security Group LLC. Steven is the RME for Paxica.

Regards,



Todd Benson

3745 Mingo Rd Suite 501
Denton, TX 76208
O: 844-472-9422
F: 844-695-2722
C: 214-909-0841

**Paxica Security Group LLC
3745 Mingo Rd suite 501
Denton, Tx 76208
820472/ACR2067394**

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

Paxica Security Group LLC

is an entity formed or registered under the law of Texas, has complied with all
applicable requirements of this office, and is in good standing with this office. This entity has
been assigned entity identification number 20181791285.

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 10/03/2018 that have been posted, and by documents delivered to this office
electronically through 10/04/2018 @ 10:42:04.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this
official certificate at Denver, Colorado on 10/04/2018 @ 10:42:04 in accordance with applicable law.
This certificate is assigned Confirmation Number 1153369.



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/bis/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary in the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/5/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Rust Ewing Watt and Haney, Inc. 7900 Emmett Lowry Expressway Texas City TX 77591	CONTACT NAME: Patty Garnett ACSR PHONE (A/C, No. Ext): (409) 934-8010 FAX (A/C, No.): (409) 935-1883 E-MAIL: patty_garnett@rustewing.com ADDRESS:
INSURED Paxica Security Group, LLC 181 Las Colinas Trl Cross Roads TX 76227	INSURER(S) AFFORDING COVERAGE INSURER A: Everest Indemnity Insurance Co NAIC # 10851 INSURER B: Service Lloyds Insurance Co 43389 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 18-19 GL/CO 17-18 WC REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		51GL007995-181	2/4/2018	2/4/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Errors & Omissions \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		51CC003101-181	2/4/2018	2/4/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC0030001-2017a	4/25/2017	4/25/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The General Liability policy include a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder and the General Liability and Workers' Compensation policies include a blanket automatic waiver of subrogation endorsement that provides waiver of subrogation wording to the certificate holder. These endorsements, to the extent provided in the policy, all apply when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER

Sample

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

J Blackshear Jr. CIC/

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ACORD 25 (2014/01)
INS025 (201401)

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PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☒ FAC-A ☐ FAC-B

RBD USE ONLY

Date 10-12-2018
Initial SE
Receipt # 154685
RBD # 20767

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC

Business Name: Security Signal Devices, Inc

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: [REDACTED]

Business Address: 1740 N Lemon ST.

Street Address

Apartment/Unit #

Anaheim

Ca

92801

City

State

ZIP Code

Business Phone: 800-888-0444

Business Email: _____

Business Fax: _____ Business Website: https://www.ssdalarm.com/

Company's Principal Officers, Partners, or Owners

Name: John Affeld Title: CEO/President

Name: Sheila Affeld Title: Senior VP

1. Number of years company has operated as a contractor? (If new, write "new") 50

2. Type of work performed? (Check one or both, if applicable) ☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction- License type and number

CA Contractors License 557497	NV Contractors License 0048761
Colorado Springs 714070	City & County of Denver DFD-1026
AZ- Electrical Contractor 138064	

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: Metro Manor Senior Housing 1523 Quitman Street Denver, CO 80204

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 2,120 Date: 11/2011 Your position: n/a

Describe Job in detail: This installation replaces an existing telephone entry system

2. Project Street Address: Steele Denver Gardens 6801 E Mississippi Ave Denver, CO 80224

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 56,626 Date: 09/2010 Your position: n/a

Describe Job in detail: Replace Conventional Fire panel and devices with an addressable system that is up to current code.

3. Project Street Address: Coca Cola Denver 3800 Race St Denver, CO 80205

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 7874.55 Date: 02/2012 Your position: n/a

Describe Job in detail: Installation of card readers and cameras.

4. Project Street Address: SRAM 980 Elkton Drive Colorado Springs, CO

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 25,928.10 Date: 05/2012 Your position: n/a

Describe Job in detail: Install CCTV - 16-channel DVR with five Outdoor and four indoor cameras and 13 card reader doors. Install Glass breaks all around, with contacts on all perimeter doors

5. Project Street Address: Stacy-Witbeck, LLC 8201 Southpark Lane Littleton, CO 90120

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 9464.63 Date: 10/2014 Your position: n/a

Describe Job in detail: Remove existing ADT access control panel and install new DMP XR-650 Burg/Access Panel, including keypad interface. Connect to existing lock power supplies and two (2) existing card reader.

CERTIFICATION (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Brandi Watkins SR.VP

Signature: Brandi Watkins

Date: 10-9-18

Licensee Information

Legal Name: Mckeon Thomas M
Last First M.I.
 Date of Birth: 10/11/63 Social Security Number: [REDACTED]
 Address: 14475 Bermuda Dunes Way
Street Address Apartment/Unit #
Colorado Springs CO 80921
City State ZIP Code
 Phone: 714-449-9900 Fax: _____ Email: TMcKeon@ssdalarm.com

1. What is your area of expertise in the industry? National Accts Technician and Installer
2. How long have you worked in the industry? 30+ years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
<u>103392</u>	<u>II</u>	<u>7-1-19</u>
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
<u>Security Signal Devices</u>	<u>National Accounts Tech.</u>	<u>Present</u>	<u>2-1-2003</u>
<u>Retts Alarm Co. Inc.</u>	<u>Supervisor</u>	<u>2-1-2003</u>	<u>1-1-1986</u>

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Thomas M. Mckeon National Accounts Tech
 Signature of (Licensee): Thomas M. Mckeon Date: 10-10-18

Responsible Managing Employee (RME) Information

Legal Name: Van Dyk Pete W
Last First M.I.

Date of Birth: 7-15-1975 Social Security Number: [REDACTED]

Address: 309 Silver Rose Blvd
Street Address Apartment/Unit #
Berleson Tx 76028
City State ZIP Code

Phone: 714-449-9900 Fax: Email: pvandyk@ssdalarm.com

1. What is your area of expertise in the industry? Fire Alarm design and implementation
2. How long have you worked in the industry? 23 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Operations Manager
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
<u>99305</u>	<u>IV</u>	<u>10-1-20</u>
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
<u>Security Signal Systems</u>	<u>Reg Ops Manager</u>	<u>7-2011</u>	<u>present</u>
<u>Integral Controls</u>	<u>Eng Manager</u>	<u>10-2001</u>	<u>7-2011</u>
<u>BB French</u>	<u>manager</u>	<u>5-1995</u>	<u>10-2001</u>

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Pete Van Dyk Regional Operations Manager

Signature of (RME): [Signature] Date: 10-10-10

PIKES PEAK REGIONAL BUILDING DEPARTMENT
Contractor -- SECURITY SIGNAL DEVICES,INC. (20767)

Status: ACTIVE

Type of Business: Corporation

In Business Since: 06-Aug-2013

1740 N LEMON ST
ANAHEIM, CA 92801
Phone: (714) 449-9900
Fax: (714) 449-9595
Officer #1: AFFELD, JOHN - PRES
Officer #2: AFELD, SHEILA - SEC

LICENSES

Last Name	First Name	D	T	Cat	Subcat	Phone	Expires	Renewed
AFFELD	JOHN	F	A			(817) 542-5097	08/31/2015	09/02/2014

OBLIGATIONS

T	Agency	Reference #	Expires
L - Liability	CRUM & FOSTER SPECIALTY	GLO491303	12/01/2018
N - Nicet	NICET	99305 VAN DYK	10/01/2014
W - Workers Comp.	EVEREST NATIONAL INSURANCE CO	5300003001172	12/01/2018



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

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BE IT KNOWN THAT

Pete W. Van Dyk

**IS HEREBY AWARDED CERTIFICATION AT
LEVEL IV**

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY
FIRE ALARM SYSTEMS**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through October 1, 2020

CERTIFICATION NUMBER 99305

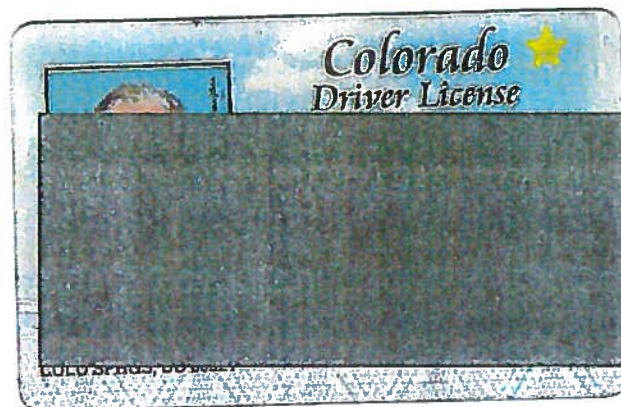
**CHAIRMAN OF THE NICET BOARD OF GOVERNORS
A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS**

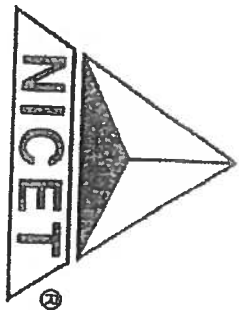


THIS IS TO CERTIFY THAT
THOMAS M MCKEON

IS A LICENSED (ID# [REDACTED])
Fire Alarm Installer

Expires: 31-May-2019





**NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®**

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Thomas M. McKeon

**IS HEREBY AWARDED CERTIFICATION AT
LEVEL II**

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY
FIRE ALARM SYSTEMS**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through July 1, 2019

CERTIFICATION NUMBER 103392

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

PETE W. VAN DYK

309 SILVER ROSE BLVD
BURLESON, TX 76028
(505) 967-7011

WORK HISTORY:

SSD Systems 2011 - Present

Regional Operations Manager – September 2012 – Present

Accountable for the daily management of the Texas and Oklahoma regions including the branch offices in Arlington and Sherman Texas. Management of the installation, service, estimating and design departments as well as onsite supervision of local employees assigned to corporate departments. Responsible for reviewing project job costing and providing solutions for cost savings. Other responsibilities include manpower management, new employee interviewing, merit reviews, review license status, conduct safety meetings and inspect employee work place to meet safety requirements. Significant projects: Veterans Administration Hospital Dallas (Campus wide fire alarm system replacement \$5 million), Frisco High School fire alarm replacement project (\$400,000+). Systems include Fire Alarm, CCTV, Security and Access Control.

Operations Manager - July 2011 – September 2012

Responsible for the management of the Arlington, Texas branch including service and installation crews. Responsible for review of all installation projects, fire alarm, security, cctv, and access control. Licensed plans superintendent for fire alarm designs in Texas. Responsible for quality control and general supervision of installation and service work.

Integrated Controls USA Inc. 2001 - 2011

Engineering Manager - April 2006 - July 2011

Responsible for hiring, training and management of the engineering and drafting department. Quality control and generation of all engineering documents which included estimating spreadsheets and design standards. Administration of ongoing work load for department and coordination with the Sales and Operations departments for new and ongoing projects. Key member of executive management team and lead strategist for the redesign of the company's business processes from project conception thru implementation to completion. Reviewed project job costing and provided solutions for future cost savings. Initiated training of Voice Data and Building Automation in an effort to support the growth of two new divisions. Conducted seminars and training classes regarding integrated systems solutions to various design professionals and cliental. Responsible for all duties required as a Sales Engineer. Significant projects: UNM Hospital Pavilion (Access Control, CCTV, Nurse Call and Public Address) and City Of Albuquerque Water Treatment Project (Security, Fire Alarm and CCTV).

Sales Engineer - September 2002 - April 2006

Project Management and coordination with installation department on all new projects. Engaged in a strategic partnership with the sales department for development and design of potential projects. Responsible for the design and implementation of awarded projects. Facilitation of existing accounts requiring additions or modifications to existing systems. Responsible for the execution and administration of GANT charts, RFIs, change orders and budget tracking on all managed projects. Significant projects: Sandia National Labs (Fire Alarm Systems and Central Monitoring Station), Los Alamos National Labs (Fire Alarm and Central Monitoring Station), Sandia Resort and Casino (Fire Alarm), VA Cooperative Studies Program (Fire Alarm, Access Control, CCTV, and GUI Platform), Kirtland Air Force Base CRASH Project (Sound, Intercom, Voice/Data).

Construction Manager - October 2001 - September 2002

Managed and coordinated all installation projects. Executed forecast schedules and incorporated GANT charts to meet the specific timetables and needs of each project. Generated RFIs and change orders, coordinated with local, state and federal approval agencies. Approved all new projects for installation.

R.B. French Fire & Sound Inc.

1995 – 2001

Installation/Service Manager – 1999 - 2001

Supervised and coordinated all contract work. Management and supervision of the service and installation staff, scheduling, training and human resource needs. Created, administered and instructed customer/end user education and training. Other duties included bid work, systems design, purchase orders, limited sales work and emergency service work as needed.

Project Manager – October 1997 – February 1999

Supervised the installation of various low voltage systems including fire alarm, security, access control, CCTV, sound, MATV, voice/data, CODE ALERT, and nurse call. Responsible for change order tracking and pricing, equipment ordering, system programming and training. Managed Projects included, Phillips Semi-Conductors, US Federal Courthouse (Albuquerque), Lea County Jail Facility, Paloma Blanca Nursing Home.

Technician/Job Foreman – May 1995 – October 1997

All aspects of installation, which included wire pulling, trim out, programming and inspections.

EDUCATION, LICENSES AND CERTIFICATIONS:

- NICET Level IV – Fire Alarm Systems; NICET Level II – Sound Systems
- Texas Fire Alarm Planning Superintendent Lic # APS-1720365
- Oklahoma Manager License for Fire Alarm, Security, CCTV and Access Control
- New Mexico Journeyman's low voltage Lic # JS31322
- Ohio Fire Alarm System Designer ID#: 5692
- Nevada State Low Voltage and Fire Detection Licenses Technical Qualifier (2011)
- Utah State Low Voltage License Technical Qualifier (2011)
- L Clearance DOE (2011)
- Top Secret Clearance DOD (2011)
- BICSI Local Area Networks Course 2005
- GE Security/Infographics: ACU Course September 2005; Diamond II Opps and Configuration Tutorial November 2005
- GE/IFS: Fiber 101 June 2006; Network Ethernet Product Seminar June 2006
- Bosch/Philips Matrix Switches 2002
- Dukane ProCare 6000 March 2003
- GE Security: EST2 Aug 1997; EST2 Network July 1998; EST3 Sept 1997; Fireworks May 1998; EST3 Synergy July 2002; EST QuickStart December 2003
- GE Master Fire Alarm Technician Certification March 2006
- AES-Intellinet Technical Training June 2003
- Safe Fire Detection September 2000
- Southwest Microwave November 2001
- Leviton CAT5 1999
- MAXxess/ICI 1999
- Telcor March 1999

PROFESSIONAL ORGANIZATIONS:

- Past President and Vice President of the New Mexico Automatic Fire Alarm Association (NM AFAA) May 2006-June 2008
- ASCET Member



Pikes Peak Regional Building Department
2880 International Circle
Colorado Springs CO 80910

This letter is to certify that Pete Van Dyk, Operations Manager is a full time employee of SSD Alarm. Mr. Van Dyk has worked in the capacity as an Operations Manager from 07/25/2011 to present. I trust this will satisfy your request for verification of employment. Should you require additional information, please feel free to contact us at (800) 888-0444.

Brandi Walker

Alpha Alarm | Kern Alarm | McNeill Security

IMPORTANT NOTICE

YOU MUST:

- 1.) REPORT DISSOCIATION OF QUALIFYING PARTY IN WRITING WITHIN 15 DAYS. [SEE A.R.S. § 32-1154(A)(18)]
- 2.) REPORT A CHANGE OF ADDRESS IN WRITING WITHIN 30 DAYS. [SEE A.R.S. § 32-1122(B)(1)]
- 3.) REPORT ANY TRANSFER OF OWNERSHIP OF 50% OR MORE IMMEDIATELY [SEE A.R.S. § 32-1151.01]
- 4.) REPORT ANY CHANGE IN LEGAL ENTITY, SUCH AS ANY CHANGE OF THE OWNERSHIP IN A SOLE PROPRIETORSHIP OR CHANGE OF A PARTNER IN A PARTNERSHIP OR THE CREATION OF A NEW CORPORATE ENTITY. [SEE A.R.S. § 32-1124(B)(F) § RULE R-4-9-110]

Security Signal Devices Inc
SSD Alarm Systems
1740 N Lemon St
Anaheim, CA 92801-1007

IMPORTANT NOTICE

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- 1.) REPORT DISSOCIATION OF QUALIFYING PARTY IN WRITING WITHIN 15 DAYS. [SEE A.R.S. § 32-1154(A)(18)]
- 2.) REPORT A CHANGE OF ADDRESS IN WRITING WITHIN 30 DAYS. [SEE A.R.S. § 32-1122(B)(1)]
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Security Signal Devices Inc
SSD Alarm Systems
1740 N Lemon St
Anaheim, CA 92801-1007

THIS IS YOUR IDENTIFICATION CARD
DO NOT DESTROY



LICENSE EFFECTIVE THROUGH: 08/31/2020
STATE OF ARIZONA

Registrar of Contractors CERTIFIES THAT

Security Signal Devices Inc
SSD Alarm Systems

CONTRACTORS LICENSE NO. [REDACTED] CLASS CR11

Electrical

THIS CARD MUST BE
PRESENTED UPON DEMAND

JEFF FLEETHAM, DIRECTOR



THIS IS YOUR IDENTIFICATION CARD
DO NOT DESTROY



LICENSE EFFECTIVE THROUGH: 08/31/2020
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JEFF FLEETHAM, DIRECTOR



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LICENSE EFFECTIVE THROUGH: 08/31/2020
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Registrar of Contractors CERTIFIES THAT

Security Signal Devices Inc
SSD Alarm Systems

CONTRACTORS LICENSE NO. [REDACTED] CLASS CR11

Electrical

THIS CARD MUST BE
PRESENTED UPON DEMAND

JEFF FLEETHAM, DIRECTOR



Southern Nevada Office
2310 Corporate Circle, Suite 200
Henderson, Nevada 89074
(702) 486-1100

Northern Nevada Office
9670 Gateway Drive, Suite 100
Reno, Nevada 89521
(775) 688-1141

STATE CONTRACTORS BOARD

The Nevada State Contractors Board certifies that

S.S.D. SYSTEMS

Licensed since July 01, 1999

License No. 0048761

Is duly licensed as a contractor in the following classification(s):

PRINCIPALS

JOHN FREDERICK AFFELD, President/CO

SHEILA RAJ AFFELD, Secretary

C-20 FIRE DETECTION C-20 LOW VOLTAGE

LIMIT \$200,000
EXPIRES 07/31/2019

John B. Affeld
Chairman, Nevada State Contractors Board



STATE OF NEVADA CONTRACTORS LICENSE

THIS IS TO CERTIFY THAT THE COMPANY
LISTED BELOW IS LICENSED IN THE STATE OF
NEVADA FOR THE CLASSIFICATION(S) SHOWN

S.S.D. SYSTEMS
1740 NORTH LEMON STREET
ANAHEIM, CA 92801

LIC. NO.
0048761

EXPIRES
07/31/2019

LIMIT \$200,000
Class: C-20, C-2D

STATE OF NEVADA STATE CONTRACTORS BOARD

9670 Gateway Drive, Suite 100 Reno, Nevada 89521
2310 Corporate Circle, Suite 200, Henderson, Nevada 89074

POCKET-CARD RE-ORDER FORM

Enclosed is \$_____ to cover the cost of _____ additional
pocket cards at ten dollars (\$10.00) each

Firm Name _____

License No. _____

Date _____ By _____

S.S.D. SYSTEMS
1740 NORTH LEMON STREET
ANAHEIM, CA 92801



CONTRACTORS
STATE LICENSE BOARD
ACTIVE LICENSE



License Number



Entity CORP

Business Name

SECURITY SIGNAL DEVICES INC
DBA SSD ALARM SYSTEMS

Classification

C-7 C10 C16

Expiration Date

02/28/2019

www.cslb.ca.gov



BUSINESS LICENSE

CITY OF COLORADO SPRINGS

Alarm Company License

In consideration of the payment of the amount as stated below,
a license is hereby granted to the licensee hereafter indicated
for the purposes mentioned, all in strict accordance with the
Ordinances and Charter of the City of Colorado Springs.

SECURITY SIGNAL DEVICES INC
d/b/a SSD SYSTEMS
1740 N LEMON ST
ANAHEIM CA 92801

LICENSE NO
714070

Attest: *Sarah B. Johnson*
Sarah B. Johnson, City Clerk

ISSUE	DATE	BEGINNING	EXPIRATION
Aug-17-2018	Aug-17-2018	Aug-17-2018	Sep-17-2019

C:\WINDOWSTEMP\ClerkLicense (AF898C6-391C-452C-9C7A-886B7F298DCF).jpt
Report Revised: 3/15/2018 v017
Printed: 8/17/2018 3:19:34PM

SECURITY SIGNAL DEVICES INC
d/b/a SSD SYSTEMS
1740 N LEMON ST
ANAHEIM, CA 92801



DENVER FIRE DEPARTMENT
745 W. Colfax Ave.
Denver, CO 80204

BUSINESS - PROFESSIONAL LICENSE
POST IN A CONSPICUOUS PLACE

SSD Systems / Security Signal Devices
1740 N. Lemon St., Anaheim, CA 92801
License No. DFD-
Central Alarm Station Class I

ISSUE DATE
01/01/2018

EXPIRES
12/31/2018
Annual renewal fee of \$100
due by expiration date

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

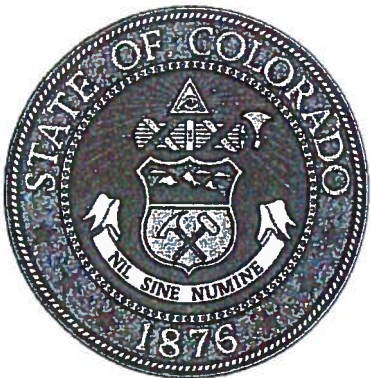
I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

SECURITY SIGNAL DEVICES, INC

is an entity formed or registered under the law of California . has complied with all
applicable requirements of this office, and is in good standing with this office. This entity has
been assigned entity identification number 20021310122 .

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 10/05/2018 that have been posted, and by documents delivered to this office
electronically through 10/08/2018 @ 10:16:21 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this
official certificate at Denver, Colorado on 10/08/2018 @ 10:16:21 in accordance with applicable law.
This certificate is assigned Confirmation Number 11158320 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria> do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



SECUSIG-01

VLENART

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/09/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0D28764 Orion Risk Management Insurance Services, Inc. 1800 Quail Street, Suite 110 Newport Beach, CA 92660	CONTACT NAME:	
	PHONE (A/C, No, Ext): (949) 263-8850	FAX (A/C, No): (949) 263-8860
INSURED Security Signal Devices, Inc. 1740 N. Lemon Street Anaheim, CA 92801	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Everest Indemnity Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	5300003001172	12/01/2017	12/01/2018	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
30 Days' Notice of Cancellation; 10 Days' Notice for Non-Payment (non-reporting if applicable) apply per policy provisions.

CERTIFICATE HOLDER

CANCELLATION

Pikes Peak Regional Building Department 2880 International Cr. Colorado Springs, CO 80910	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

SECUR-1

OP ID: IH

DATE (MM/DD/YYYY)

10/09/2018

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ISU Curry Insurance Agency Lic #0588757 489 E. Colorado Pasadena, CA 91101 Martin Smith	CONTACT NAME: Martin Smith PHONE (A/C, No, Ext): 626-449-3870 FAX (A/C, No): 626-449-5268 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Crum & Forster Specialty INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Security Signal Devices Inc 1740 N. Lemon Street Anaheim, CA 92801	NAIC # 44520

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner/Cont Prot. <input checked="" type="checkbox"/> E&O GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER			GLO-491303	10/26/2017	12/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E L. EACH ACCIDENT \$ E L. DISEASE - EA EMPLOYEE \$ E L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

30 Days Notice Attached.

CERTIFICATE HOLDER

CANCELLATION

PIKESPE Pikes Peak Regional Building Department 2880 International Circle Colorado Springs, CO 80910	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Michael T. Berry</i>
--	--

© 1988-2014 ACORD CORPORATION, All rights reserved.

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: 1050 W. Hampden Englewood, CO

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$65,000.00 Date: 07/18 Your position: Fire Sprinkler Contractor

Describe Job in detail: Tenant Improvement for new Rock Climbing Gym

2. Project Street Address: 19560 Stroth Rd Parker, CO

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$225,000.00 Date: 08/18 Your position: Fire Sprinkler Contractor

Describe Job in detail: New School.

3. Project Street Address: 3112 E 1st Ave Denver, CO

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$53,000.00 Date: 06/18 Your position: Fire Sprinkler Contractor

Describe Job in detail: Demo and installation of new sprinkler system

4. Project Street Address: 370 S. Colorado Blvd. Glendale, CO

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$56,000.00 Date: 12/17 Your position: Fire Sprinkler Contractor

Describe Job in detail: Tenant Improvement for new Tenant

5. Project Street Address: 499 S. Vance Street Lakewood, CO

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$38,000.00 Date: 3/18 Your position: Fire Sprinkler Contractor

Describe Job in detail: New Restaurant

CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print Name and title (owner, principal or manager) Nic Quinones owner/manager

Signature: [Signature] Date: 10-8-18

Responsible Managing Employee (RME) Information

Legal Name: Hansen Howard T
Last First

Date of Birth: 04-06-1963 Social Security Number: [REDACTED]

Address: 10563 Grove Court
Street Address Apartment/Unit #
Westminster Colorado 80031
City State ZIP Code

Phone: 720-768-5858 Fax: _____ Email: howard@elevationfireprotection.com

1. What is your area of expertise in the industry? Fire Sprinkler Design
2. How long have you worked in the industry? 36 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
<u>074855</u>	<u>3</u>	<u>11-1-2019</u>
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Howard Hansen-

Signature of (RME): [Signature] Date: 10-10-18

Licensee Information

Legal Name: Quinones Nic A
Last First M.I.
 Date of Birth: 06/18/1989 Social Security Number: [REDACTED]
 Address: 8671 E Duke Pl
Street Address Apartment/Unit #
Denver CO 80231
City State ZIP Code
 Phone: 720-382-9669 Fax: 303-745-0645 Email: Nic@Elevationfireprotection.com

- What is your area of expertise in the industry? Fire Sprinkler
- How long have you worked in the industry? 11 Years 6 Months
- What is your affiliation with the company? (Owner, partner, employee, etc.) Owner/ Manager
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
- The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☐ Yes ☒ No

Certifications

NICET #	NICET Level	Expires
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
<u>L. Nothhaft & Sons</u>	<u>fitter, foreman</u>	<u>December, 2015</u>	<u>June, 2007</u>
<u>Elevation fire protection</u>	<u>owner / manager</u>	<u>current</u>	<u>January, 2016</u>

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Nic Quinones owner / manager
 Signature of (Licensee): [Signature] Date: 10/9/18

ELEVATION FIRE PROTECTION LLC.

October 10, 2018

To whom it may concern,

This letter is to inform those that Howard Hansen is a full-time employee of Elevation Fire Protection, LLC. With a hire date of October 10, 2018.

Respectfully submitted,
Elevation Fire Protection, LLC

Nic A Quinones

Nic Quinones

Owner

National Minority Supplier Development Council MBE Certificate Number- **MP01749**
City and County of Denver Certified DBE, EBE, M/WBE, and SBE



8671 E. Duke Pl
Denver, CO 80231

PHONE 720-382-9669
FAX 303-745-0645
EMAIL Nic@Elevationfireprotection.com
WEB SITE www.Elevationfireprotection.com

Nicholas A Quinones
8671 E Duke Pl.
Denver, CO 80231
Nic@Elevationfireprotection.com

I have been in the fire sprinkler trade for nine years. I completed my apprenticeship with the Local Union 669. Which is a five-year program. I have had the opportunity to get experience with all aspects of the trade over these years. I was taught by some of the best fitters in the trade and gained a substantial amount of knowledge from them. I spent most of my time as an installer/foreman working on fire sprinkler systems. I have worked on projects from new construction, retro fitting to service and inspections of fire sprinkler systems. I have had the opportunity to deal with different fire sprinkler systems and their components, such as the standard wet systems, dry systems, pre-action systems (single interlock double interlock, non-interlock), foam concentrate systems, and deluges. I have installed several fire pumps; diesel pumps, electric pumps, split case fire pumps, horizontal pumps, and vertical turbine fire pumps. I have pushed myself to be knowledgeable in every aspect of my trade. I have obtained numerous licenses and certificates.

Experience-

- I have installed, serviced, and inspected- Wet systems, dry systems, pre-action systems, foam systems, deluge systems, diesel fire pumps, electric fire pumps, split case, horizontal fire pumps, vertical turbine fire pumps, and pumps in series.
- Surveying and layout of fire sprinkler systems.

Education-

- Five-year apprenticeship program thru Local Union 669
- Colorado State University construction management certification
- Osha-10
- Osha- 30
- Asbestos Certification
- Lead Certification
- Fall Protection Certification
- Fire Pump Certification
- Blaze Master Certification

Licenses

- Denver installer/ inspector license #192380
- Denver fire pump installer/ inspector license #192380
- Colorado State register installer license- FS15-0217
- Elevation Fire Protection, LLC RME for the state of Colorado as of 01/01/17

Jobs

- Univar- Retro Fit with Diesel Fire Pump, foam concentrate wet systems and dry system.
- Denver Museum of Nature and Science- Retro Fit Double interlock pre-action systems.
- Target- New construction with wet systems.
- Bestop- Retro Fit ESFR Systems.
- Stout Street Health and Residential 6 story- New construction with Split Case Fire Pump, wet systems with stand pipe hose valves.
- High Plains PK-12 School- with Vertical Turbine Fire Pump and wet Systems
- Dyna Electric- Retro fit with new underground service and wet system.
- Sargent High School- New construction with Vertical Turbine Fire Pump, wets systems, new underground service.
- US Mint- Retro Fit with Electric Fire Pump, wet systems with stand pipe and hose valves, dry system, and double interlock pre-action systems.
- South High School- Retro Fit with new Electric Fire Pump wet systems with stand pipe and hose valves.
- Lake Middle Schoof- Retro Fit with Horizontal Fire Pump wet systems, single interlock pre-action systems, stand pipe with hose valves.
- Colorado School of Mines- Retro Fir with wet systems and valve room.
- Hampden Heights Elementary School DPS- New construction with wet systems.



OFFICIAL RESULTS REPORT

N35 - National Standard Fire
Suppression Installer/Worker



Name: Nicholas Quinones

Candidate ID: ICNOI

Address: 8671 E Duke Pl

Date: 1/12/2016

Denver CO 80231

EXAMINATION RESULT: PASS

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. Please contact your participating jurisdiction if you wish to pursue licensing.

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate*

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: 293353583

Validation Number: 590402543

January, 16 2016

To whom it may concern,

Nicholas A Quinones has been a member in local 669 for over 8 years he has over 15,000 HRS of experience. He installed for 5 years and was a foreman for 3 years 6 months. In these years he has experience in installing underground piping, wet systems, dry systems, pre-action systems, anti-freeze, and foam systems. He has also installed numerous fire pump from diesel pumps, horizontal split case, and vertical turbine. He also has experience service and inspection. He also holds his Denver Fire Pump installer license, Denver sprinkler fitter installer license, and is a state registers installer.

Here is a list of a few jobs he has complete while working for me.

Univar- Foam concentrate wet and dry systems with diesel fire pump.

Denver museum of nature and science- Pre-action systems.

Hampden Heights DPS- Wet systems.

High Plans PK-12- Wet systems with vertical turbine fire pump.

Denver US mint- Split Case fire pump.

Target- Wet systems.

Bestop- ESFR System.

Colorado School Mines- retro fit.

Dyna Electric- Underground service, and wet system.

Stout Street Health and Residence- Split Case Fire Pump, Residential System.

University of Colorado Hospital- Retro fit, remodel.

Sargent High school- vertical turbine fire pump and wet systems

Nick Ficco

Nick Ficco

(303)-748-8873

Former Superintended of L. Nothhaft & Son.

*City of Denver
County of Denver
State of Colorado*

*Signed before me this 17 January 2016 by Nick
Ficco.*

Judy Buchholz



January 15, 2016

To whom it may concern:

Please Be advised that Nicholas Quinones, is currently, and has been a Member in good standing of Road Sprinkler Fitters Local Union # 669 since January 2008.

Furthermore, Nicholas has successfully completed the Local 669/ NFSA apprenticeship program. He has been an asset to his former employer, L Nothhaft & Sons as well as his Local Union.

Upon completion of his apprenticeship, Nicholas has been a Foreman on numerous projects. His Training, Ability and Competence has proven to make Nicholas a Top Notch expert in the field of Fire Sprinkler installation, inspections and repair.

If you have any further questions or concerns, please feel free to contact me!

Thank you,
Rich Gessner

Business Agent Local Union # 669
303- 451- 1282
gessner.669@att.net

*Sworn to and signed before me this 15th day
of January 2016.*

*Rebecca Wilson
My Commission Expires March 19, 2016*



1081793
1081793

Public Works
Building Division
15151 E. Alameda Parkway
AURORA, CO 80012
PHONE NO. (303) 739-7420

SUPERVISOR LICENSE

Date of Issue: 01/26/2016 Date of Expiration: 01/31/2019

License Number: 2016 1054999 00 SL

Supervisor Name: NICHOLAS QUINONES





Type of License: D-7 Fire Sprinkler

Tiffany Long

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division **Chapter 22 Building and Building Regulations, Article III Contractors Division 22-61 through 22-102** for contractor and supervisor licensee responsibilities.

NICHOLAS QUINONES
8671 E DUKE PL
DENVER CO 80231

Cut along perforated line	
Wallet	Duplicate
 Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420 Valid through: <u>01/31/2019</u>	 Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420 Valid through: <u>01/31/2019</u>
Supervisor NICHOLAS QUINONES	Supervisor: NICHOLAS QUINONES
Type of License: D-7 Fire Sprinkler	Type of License: D-7 Fire Sprinkler
License #: 	License #: 
A signed license by license official should be maintained in your files.	A signed license by license official should be maintained in your files.

City and County of Denver
Community Planning and Development
www.denvergov.org/contractor_licensing

Certificate/Registration Number: CERT00

Certificate Type: Fire Pro B Supervisor

Expiration Date: 02/05/2019

By Authority of the Executive Director of
Community Planning and Development

Issued To:

NICHOLAS A QUINONES
8671 E DUKE PL
DENVER, CO 80231

Amount	Fund/Org/Revenue Code	Payment Date	Trans #	Status
\$69.00	352500-01010-0141200-20000-20000	02/05/2016	1844796	Paid

CERTIFICATE MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on file.
Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Please provide the following information when you call for an inspection:

- ✓ Permit number
- ✓ Type of inspection and inspection code

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Inspections are performed Monday through Friday.

Community Planning and Development
201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202

Licenses & Certificates:	720.865.2770
Permit Counter:	720.869.2705
Inspection Administration:	720.865.2505
Automated Inspection Request:	720.865.2501

ELEVATION FIRE PROTECTION LLC.

October 10, 2018

Elevation Fire Protection LLC
8671 E Duke Pl
Denver, CO 80231
(720)382-9669
Nic@Elevationfireprotection.com

To whom it may concern,

This letter and attached files are to demonstrate the knowledge and qualifications of Elevation Fire Protection LLC. As a two-owner partnership we have a combined 20-years of experience in the trade. Attached to the email is resumes for both owners, certifications, and licenses. There is also copies of contractor licenses that the company has already obtained from major metro cities. We have taken multiple required test and provided information that proves we are competent enough to hold these licenses.

Once again, I would like to explain that we are a fire sprinkler contractor that deals in service and inspections of fire sprinkler systems. By no means are we a design team nor desire at this time to become one. As a new small business, it is not economically feasible for us to hire a designer on our team at this time. When we come across work that needs to be designed, we would sub that work out to design firms that specialize in that field and meet the requirements of NICET Lvl3 or above. I find it hard to believe that every small business that is in the fire sprinkler trade has a NICET qualified person or Engineer on their staff. From the research I have done to try and bring a staff member on there isn't enough qualified people that meet these requirements. I have contacted design firms that our company can use as consultants.

As we move forward in the years even months we plan to take the appropriate measures to help meet the design requirement both as individuals and as a company. Whether it be becoming NICET certified or hiring a qualified person full time when the time is right.

Respectfully submitted,
Elevation Fire Protection, LLC

Nic Quinones
Owner
National Minority Supplier Development Council MBE Certificate Number- **MP01749**
City and County of Denver Certified DBE, EBE, M/WBE, and SBE



8671 E. Duke Pl
Denver, CO 80231

PHONE 720-382-9669
FAX 303-745-0645
EMAIL Nic@Elevationfireprotection.com
WEB SITE www.Elevationfireprotection.com



1081795

1081795

Public Works
Building Division
15151 E. Alameda Parkway
AURORA, CO 80012
PHONE NO. (303) 739-7420

CONTRACTOR LICENSE

Date of Issue: 01/26/2016

Date of Expiration: 02/01/2017

License Number: [REDACTED]

Contractor Name: ELEVATION FIRE PROTECTION LLC

Type of License: D-7 Fire Sprinkler

Tiffany Long

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division **Chapter 22 Building and Building Regulations, Article III Contractors Division 22-61 through 22-102** for contractor and supervisor licensee responsibilities.

ELEVATION FIRE PROTECTION LLC
8671 E DUKE PL
DENVER CO 80231

Wallet

Cut along perforated line

Duplicate



Public Works Building Division
15151 E. Alameda Parkway
AURORA, CO 80012
PHONE NO. (303) 739-7420

Valid through: 02/01/2017

Contractor: ELEVATION FIRE PROTECTION LLC

Type of License: D-7 Fire Sprinkler

License #: [REDACTED]

A signed license by license official
should be maintained in your files.



Public Works Building Division
15151 E. Alameda Parkway
AURORA, CO 80012
PHONE NO. (303) 739-7420

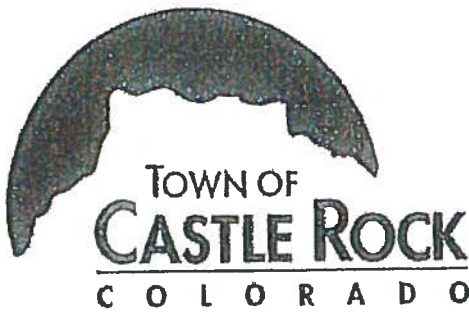
Valid through: 02/01/2017

Contractor: ELEVATION FIRE PROTECTION LLC

Type of License: D-7 Fire Sprinkler

License #: [REDACTED]

A signed license by license official
should be maintained in your files.



Town of Castle Rock, Development Services

100 N. Wilcox Street
Castle Rock, CO 80104
Phone: 720-733-3527
Fax: 720-733-2207
ETRAKIT.CRGOV.COM

CONTRACTOR REGISTRATION

ISSUED TO: ELEVATION FIRE PROTECTION

REGISTRATION NUMBER: 18-2711

REGISTRATION CLASSIFICATION: SINGLE TRADE

DATE OF ISSUE: 04/12/2018

EXPIRATION DATE: 04/12/2019

SCHEDULE INSPECTIONS ONLINE OR BY PHONE

ONLINE: ETRAKIT.CRGOV.COM

INSPECTION PHONE LINE: 303-660-1341

ONLINE: INSPECTION REQUESTS ACCEPTED UNTIL 6:30 AM ONLINE THE DAY OF THE INSPECTION, CANCELLATIONS CAN BE MADE UP UNTIL 6:30 AM ONLINE THE DAY OF THE INSPECTION.

BY PHONE: INSPECTION REQUESTS RECEIVED BEFORE 3:30 PM BY PHONE ARE AUTOMATICALLY SCHEDULED THE NEXT BUSINESS DAY; INSPECTION REQUESTS RECEIVED AFTER 3:30 PM ARE SCHEDULED IN 2 BUSINESS DAYS. TO CANCEL A SCHEDULED INSPECTION CALL 720-733-3527 BETWEEN 7:30 AM AND 8:00 AM TO AVOID A TRIP FEE.

TOWN OF CASTLE ROCK DOES NOT SCHEDULE SPECIFIC TIMES FOR INSPECTIONS.

CUT HERE AND CARRY THE CARD BELOW



**DEVELOPMENT
SERVICES
Building Division
Contractor Registration
Identification Card**

Registration No.: 18-2711

**This is to certify that ELEVATION FIRE
PROTECTION is issued a(n) SINGLE TRADE
Registration in the Town of Castle Rock.**

Issue Date: 04/12/2018 Expire Date: 04/12/2019

City and County of Denver
Community Planning and Development
www.denvergov.org/contractor_licensing

License/Registration Number: LIC00245946
Expiration Date: 02/05/2019
License Type: Fire Pro B

Issued To:

By Authority of the Executive Director of
Community Planning and Development

ELEVATION FIRE PROTECTION LLC
8671 E DUKE PL
DENVER, CO 80231

Amount	Fund/Org/Revenue Code	Payment Date	Trans #	Status
\$250.00	355800-01010-0141200-Z0000-Z0000	02/05/2016	1944814	Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on file.
Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12.00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:


- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

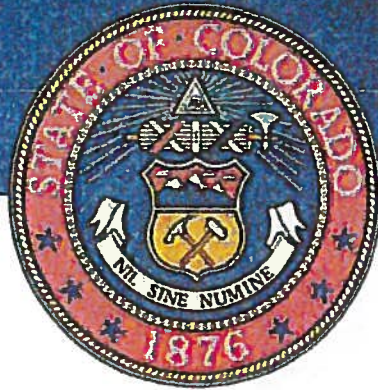
Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half.

<p>City and County of Denver</p> <p>IDENTIFICATION CARD</p> <p>License/Registration No.: LIC00245946</p> <p>This is to certify that ELEVATION FIRE PROTECTION LLC has been issued a Fire Pro B license in the City and County of Denver, beginning on 05 February 2016 and ending on 05 Feb 2019, unless license is revoked.</p> <p><u>By Authority of the Executive Director of Community Planning and Development</u></p>	<p>City and County of Denver Community Planning and Development 201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202</p> <p> DENVER THE REAL HIGH CITY</p> <table><tr><td>Licenses & Certificates:</td><td>720.865.2770</td></tr><tr><td>Permit Counter:</td><td>720.865.2705</td></tr><tr><td>Inspection Administration:</td><td>720.865.2505</td></tr><tr><td>Automated Inspection Request</td><td>720.865.2501</td></tr></table>	Licenses & Certificates:	720.865.2770	Permit Counter:	720.865.2705	Inspection Administration:	720.865.2505	Automated Inspection Request	720.865.2501
Licenses & Certificates:	720.865.2770								
Permit Counter:	720.865.2705								
Inspection Administration:	720.865.2505								
Automated Inspection Request	720.865.2501								

STATE OF COLORADO
Division of Fire Prevention and Control



18-S-06349

Be It Known That
Elevation Fire Protection
Nicholas Quinones-Principal
Has Successfully Completed All Requirements
to Become Registered
Fire Suppression Systems Contractor

Issued On
January 22, 2018

Expiring On, Unless Earlier Revoked
December 31, 2018

In Accordance With
8 CCR 1507-11

Fire & Life Safety Section
Division of Fire Prevention & Control
700 Kipling Street, Suite 4100
Denver, CO 80215

Mike Morgan, Director



STATE OF COLORADO
Division of Fire Prevention and Control



18-U-06365

Be It Known That
Elevation Fire Protection
Nicholas Quinones Quinones-Principal
Has Successfully Completed All Requirements
to Become Registered
Fire Suppression Systems Contractor - Underground

Issued On
January 8, 2018

Expiring On, Unless Earlier Revoked
December 31, 2018

In Accordance With
8 CCR 1507-11

Fire & Life Safety Section
Division of Fire Prevention & Control
700 Kipling Street, Suite 4100
Denver, CO 80215

A handwritten signature in black ink, appearing to read "Mike Morgan", is written over a horizontal line.

Mike Morgan, Director





CITY OF BOULDER
Planning and Development Services

1739 Broadway, Third Floor • P.O. Box 791, Boulder, CO 80306-0791
phone 303-441-1880 • fax 303-441-4241 • web boulderplandevlop.net

ELEVATION FIRE PROTECTION
8671 E DUKE PL
DENVER, CO 80231

March 29, 2018

CONTRACTOR LICENSES

This document certifies that ELEVATION FIRE PROTECTION currently holds the following contractor license(s) :

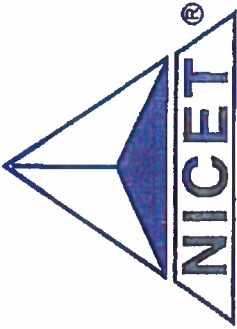
<u>License #</u>	<u>License Type</u>	<u>Expiration Date</u>
LIC-0011189-02	Fire Class A Fire Sprinkler Systems	04/13/2019

Associated Certifications :

<u>Name/Company</u>	<u>License Type</u>	<u>License No.</u>	<u>Expiration Date</u>
None	None	None	None

Tested Individuals :

<u>Name</u>	<u>License Type</u>	<u>Title of Tester</u>	<u>Code Tested or Reciprocity</u>
Zach Miller	Fire Class A Fire Sprinkler Systems	Applicant	



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Howard T. Hansen

IS HEREBY AWARDED CERTIFICATION AT

LEVEL III

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY
WATER-BASED (FORMERLY AUTOMATIC SPRINKLER) SYSTEMS LAYOUT**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through November 1, 2019

CERTIFICATION NUMBER 74855

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



ELEVIR-01

ABUSH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/03/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Jewell Insurance Associates
8480 E. Orchard Rd., Suite 6200
Greenwood Village, CO 80111-5029

CONTACT NAME:
PHONE (A/C, No, Ext): (303) 740-8101 **FAX (A/C, No):** (303) 740-8019
E-MAIL ADDRESS: info@jewellins.com

INSURED
Elevation Fire Protection LLC
8671 E. Duke Place
Denver, CO 80231

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: The Burlington Ins. Co.	23620
INSURER B: National Casualty Company	11991
INSURER C: Pinnacol Assurance	41190
INSURER D: Lloyd's of London	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		0759CAP0017114	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COM/OP AGG \$ 2,000,000
	OTHER Max \$3M Aggregate					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		EBU014523114	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 3,000,000
	DED RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		4196899	11/01/2018	11/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$ 1,000,000
	DESCRIPTION OF OPERATIONS be/tw	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution Liability		PGIARK0821600	01/01/2018	01/01/2019	1,000,000
D	Professional Liab.		PGIARK0821600	01/01/2018	01/01/2019	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Colorado Springs Building Department
2880 International Cir.
Colorado Springs, CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Elevation Fire Protection LLC

is a

Limited Liability Company

formed or registered on 01/01/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151822818 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/04/2018 that have been posted, and by documents delivered to this office electronically through 10/07/2018 @ 18:31:35 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/07/2018 @ 18:31:35 in accordance with applicable law. This certificate is assigned Confirmation Number 11157828 .



A handwritten signature in blue ink, reading "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/bic/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."